

OFFICE OF THE DISTRICT ATTORNEY

County of San Luis Obispo



Gerald T. Shea
District Attorney

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Assistant District Attorney

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Director
Economic Crime Unit

BAD CHECK PROGRAM

SUSPECT INFORMATION (PLEASE STAPLE CHECK TO THE TOP OF THIS FORM)	ID # B
Suspect Name:	Case#
Driver's License: State: Phone:	
Mailing Address:	
City: State: Zip:	
Residence Address:	
City: State: Zip:	
Additional Information:	

VICTIM / BUSINESS INFORMATION

Victim / Business Name:	Victim #
Address:	Phone:
City: State: Zip:	Business Location: (City where check was accepted)
Contact Person:	Phone:

WITNESS INFORMATION

WITNESS NAME:						(Person who actually received check from the suspect)					
Yes	No		Yes	No							
		The person who received this check witnessed the check writer signing the check.			Was there an agreement to hold the check?						
		The person who received the check initialed the check as evidence of witnessing signature			Was the check post dated?						
		Can the person who accepted the check identify the suspect?			Is it a payroll check?						
		Did the person who received the check know the suspect?			Was there a stop payment on the check?						

What efforts were made to contact the suspect to clear check? Please list dates, methods and results: (Use reverse side if necessary) _____

This check is submitted for criminal prosecution. I agree not to accept any restitution from the suspect or his/her agent. I certify that this report is true, accurate, and complete to the best of my knowledge.

Dated: _____ Signature: _____

[DO NOT ACCEPT DIRECT RESTITUTION FROM THE SUSPECT]

County Courthouse Annex, 1050 Monterey St., Room 223, San Luis Obispo, CA 93408